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P.1

CENTRAL FAX CENTER

JUL 8 - 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Applicant : J. Estrada, et al.
Serial No. : 09/473,098
Filed : 28 Dec 1999
Group No. : 2132
Examiner : Kyung H. Shin
Docket : LOT919990047US1
For : System and Method for Independent
Room Security Management

Commissioner For Patents
P. O. Box 1450
Alexandria, VA 22313-1450

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I hereby certify that the following attached
correspondence comprising 37 pages:

CERTIFICATE OF FACSIMILE TRANSMISSION	1 page
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FEE TRANSMITTAL	1 page
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AMENDMENT	27 pages
DECLARATION (NOT SIGNED, MORE LEGIBLE)	2 pages
DECLARATION (SIGNED, FAX COPY)	3 pages

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number
09/473,098Filing Date
12/28/99First Named Inventor
J. EstradaArt Unit
2132Examiner Name
Kyung H. ShinAttorney Docket Number
LOT919990047US1

ENCLOSURES (Check all that apply)

- Fee Transmittal Form
 Fee Attached
- Amendment/Reply
 After Final
 Affidavits/declaration(s)
- Extension of Time Request
 Express Abandonment Request
 Information Disclosure Statement
- Certified Copy of Priority Document(s)
 Reply to Missing Parts/
Incomplete Application
 Reply to Missing Parts
under 37 CFR 1.52 or 1.53

- Drawing(s)
 Licensing-related Papers
 Petition
 Petition to Convert to a Provisional Application
 Power of Attorney, Revocation
 Change of Correspondence Address
 Terminal Disclaimer
 Request for Refund
 CD, Number of CD(s) _____
 Landscape Table on CD

Remarks

- After Allowance Communication to TC
 Appeal Communication to Board of Appeals and Interferences
 Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
 Proprietary Information
 Status Letter
 Other Enclosure(s) (please Identify below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Shelley M Beckstrand, Esq. PC		
Signature			
Printed name	Shelley M Beckstrand		
Date	8 Jul 2006	Reg. No.	24,886

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Shelley M Beckstrand	Date	8 Jul 2006

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)120.00**Complete if Known**

Application Number	09/473,098
Filing Date	28 Dec 1999
First Named Inventor	J. Estrada
Examiner Name	Kyung H. Shin
Art Unit	2132
Attorney Docket No.	LOT919990047US1

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 122158 Deposit Account Name: IBM Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee (\$)
- 20 or HP =	0	x	= 0	50	25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 3 or HP =	0	x	= 0	200	100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	0	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of time (see separate form PTO/SB/22)

0

120.00

SUBMITTED BY

Signature	<i>Shelley M Beckstrand</i>	Registration No. (Attorney/Agent) 24,886	Telephone 276 238-1972
Name (Print/Type)	Shelley M Beckstrand		Date 8 Jul 2006

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